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Jun 16, 2006 8:00 am
Secretary of State

05-05-2006 90034 048 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000046157			
1. Entity Name BECKTEL & CALVERT, LLC			
Principal Place of Business 2320 BAY GROVE ROAD FREEPORT, FL 32439		Mailing Address P.O. BOX 482 DESTIN, FL 32540	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33146		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>[Signature]</i> Signature of person named in registered agent and fee if applicable.		DATE 4/21/2006 Date	
Filing Fee is \$30.00 Due by May 1, 2006		State check payable to Florida Department of State	
8. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BECKTEL, JOHN H 2320 BAY GROVE ROAD FREEPORT, FL 32439 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CALVERT, DONALD V 2320 BAY GROVE ROAD FREEPORT, FL 32439 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BECKTEL, JOHN H 2320 BAY GROVE ROAD FREEPORT, FL 32439 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CALVERT, DONALD V 2320 BAY GROVE ROAD FREEPORT, FL 32439 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am a managing member or manager of the limited liability company or the receiver or trustee empowered to rescure this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TITLE OF PERSON NAMED IN REGISTERED ADDRESS, MANAGER OR AUTHORIZED REPRESENTATIVE		DATE 4/21/2006 (850)830-5691 DATE	